in absence of a cough, the probability of pneumonia is decided. This disturbance of the ratio of pulse, temperature, and respiration should enable one to avoid error, even when abdominal pain, constipation, and at times also tenderness and distention, probably of reflex origin, are present. Of the illustrative cases one is quite noteworthy, since the history showed previous constipation and a blow upon the abdomen shortly before the onset of the acute symptoms.

Acute Dilatation of the Heart in Influenza of Children.—F. FORCHHEIMER, of Cincinnati (*Jacobi's Festschrift*, May 6, 1900, p. 127), calls attention to the frequency of acute dilatation of the heart in this disease as especially observed in childhood. He describes two classes of cases, differing essentially in the gravity of their symptoms. In the milder cases within twelve to twenty-four hours of the onset, with high fever accompanied by respiratory or gastro-intestinal symptoms, there develops dyspnœa, or, better, tachypnœa, since all other evidences of dyspnœa are wanting, such as cyanosis and movements of the accessory respiratory muscles. The child lies in bed, with congested skin, sleeps a great deal, yet is easily aroused; the tachypnœa is represented by rapid breathing (60 or 70 or more respirations per minute), without disturbance of the normal relation between inspiration and expiration. In some cases the breathing is not very much more rapid than normal. The pulse is very rapid, depending upon the age of the patient, frequently intermittent, but otherwise normal. Physical examination of the chest reveals nothing, or, possibly, only evidences of a bronchitis in the large tubes. The heart dulness is always found broadened, with no bruit as a symptom of this affection. The urine contains no albumin. In the course of from twenty-four to seventy-two hours all these symptoms disappear—the temperature, pulse, heart, and respiration become normal. After discussing the various theories as to the etiology of this condition the author inclines to agree with Sansom, that there is some affection of the bulb involving both the respiratory and the cardiac accelerating centres. The source of this irritation would be a toxin, hypothetical as far as the influenza bacillus is concerned, but positive as to some of the pus producers which habitually accompany influenza. It would be fully in accord with the nervous origin of these symptoms that broadening of the heart's dulness is found. The production of acute dilatation of the heart as the result of disturbance in innervation has been conclusively proven in many diseases.

The grave form of the affection presents an entirely different clinical picture. Of this Huchard gives the following concise description: "The attack manifests itself by syncope and faintness, which may become fatal, by slow pulse, by arrhythmia, or intermittence, by grave symptoms of cardiac collapse, and sometimes by pains resembling angina pectoris."

The dominant symptoms in all the cases among children seen by the author were the acute dilatation and the peculiar respiration which he has seen only in two other conditions—in pericardial effusion and the fugitive œdematous condition of lung that frequently precedes pneumonic consolidation in influenza without cardiac changes. According to his observation, one is justified in assuming two forms of dilatation of the heart in influenza: one presumably produced by the action of the toxin upon the nervous system of the heart, and possibly upon the myocardium; the second form occurring in such conditions in which outflow of blood is materially interfered with on account of mechanical conditions. The first form, according to the observations of West, undoubtedly may end fatally, although this has not been the case in the author's own experience. The second form is one that lasts much longer than the first, but in children has a tendency to recovery.

THERAPEUTICS.

UNDER THE CHARGE OF

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The Treatment of Furunculosis.—DR. GUSTAV LONGMANN applies the cathode, which exhibits more intense reaction upon the tissue. It is placed upon the furuncle, the anode somewhere in the neighborhood, and a current of about 2 to 5 milliampères is applied for from five to ten minutes. As a rule, one sitting daily is sufficient. The intensity of the current ought to vary both with the stage of development of the boil (the earlier stages being more sensitive) and with individual sensitiveness. Whenever there is extensive suppuration a flat pledget of cotton soaked in a 1:1000 solution of corrosive sublimate is placed between the sponge and the skin. Whether this powerful antiseptic has a beneficial cataphoric action or not is not certain, but those who have great confidence in cataphoresis may use it on all boils. Under this treatment some boils disappear after one or two applications; others may require as many as eight; on the average four or five sittings terminate their existence.—*New York Medical Journal,* 1900, No. 1122, p. 854.

Chronic Brass Poisoning.—DR. WILLIAM MURRAY remarks that while the condition is far from infrequent, the literature is surprisingly scanty and unsatisfying. Potassium iodide did not give satisfactory results in spite of Simons' enthusiastic indorsement. Remembering that copper sulphate is recognized as an antidote for phosphorus poisoning, pills containing the latter in doses as large as one-tenth of a grain daily were administered, with excellent results. The patients became rapidly well, even if they did not desist from their work. Diluted phosphoric acid, fifteen minims three times daily, gave even better results; the explanation being, apparently, that phosphorus when injected becomes converted partly into phosphoric acid, and it may be that only this part is effectual, so that a certain amount of economy is exercised in giving the acid direct. Sometimes, however, better results were obtained with the phosphorus. The only matter of diet which